

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		11-14-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	LT	5008	11-30-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

.....	Rejected	N	Non-elected
.....	Allowed	I	Interference
(Through numeral).....	Canceled	A	Appeal
.....	Restricted	O	Objected

Claim	Original	Date
1	9	
2	7	
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Claim	Date
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Claim	Final	Original	Date
101	5	8	
102	7	19	
103	62	2	
104		11	
105		28	
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If more than 150 claims or 10 actions
staple additional sheet here

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